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9-1-2012

Employer Update for Employers of the Maine State Retirement System, September 2012

Maine Public Employees Retirement System

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Recommended Citation

Maine Public Employees Retirement System, "Employer Update for Employers of the Maine State Retirement System, September 2012" (2012). *Public Employees Retirement System Documents*. Paper 71.
http://statedocs.maine.gov/mainepers_docs/71

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Employer Update

for Employers of Maine Public Employees Retirement System



September 2012

EMPLOYER CERTIFICATION OF REFUND APPLICATION

When an employee leaves your employment, they may be eligible to withdraw the MainePERS contributions they made, plus accumulated interest. If applying for a refund within three months of termination, we require they provide certification of their termination. This is to ensure they are eligible for, and we include all of their contributions in, their refund. Remember, we cannot accept a refund application until after the actual termination.

Employer Certification - Here's what we need from you:

1 Your employee's termination date	4 Employer Name & Code
2 The date you issued their final paycheck	5 Date
3 Your signature certifying information you provided	

Employer Certification (Forward to your employer if you terminated service within the last three months.)

This is to certify that the applicant terminated employment on <u>1</u> _____.	Date	
pay is/will be <u>2</u> _____.	Date	
<u>3</u> _____	<u>4</u> _____	<u>5</u> _____
Signature of Certifying Official	Employer Name & Code	Date

Employees can expect their refund 22 to 60 days after MainePERS has received and validated both the completed refund application and the member's final contributions.

Please contact us if you have questions when completing the certification section of a former employee's refund application.

NEW EMPLOYEES COMING ON BOARD IN AUGUST & SEPTEMBER?

Congratulations on your new hires!

Don't forget to offer MainePERS Group Life Insurance (GLI) to all eligible employees.

- Coverage begins the first day of the month after one full month of eligible employment.
- Use the GLI application for employees enrolling in GLI as well as those who decline.
- The GLI Application Form (GLI-0908) is available in ESS.
- Use ESS to submit employee GLI Application for Coverage forms.
- New employees will appear on your GLI Invoice based on the information submitted on the application form (level of coverage, coverage elected and effective date).

Questions? E-mail or call us - we are here to help!

E-mail - survivorservices@mainedpers.org

Phone: 1-800-451-9800 ext. 3244.





EMPLOYER SELF SERVICE (ESS) SECURITY ALERT

The following are a few good habits to ensure the security of the web-based ESS system, as well as your own:

ALWAYS: Log out of an ESS session using the logout function.



I Want To: **Account Settings | Logout**

P9021 - TOWN OF CRABAPPLE COVE

NEVER: Leave the ESS session using the "X" in the upper right-hand corner.



PASSWORDS:

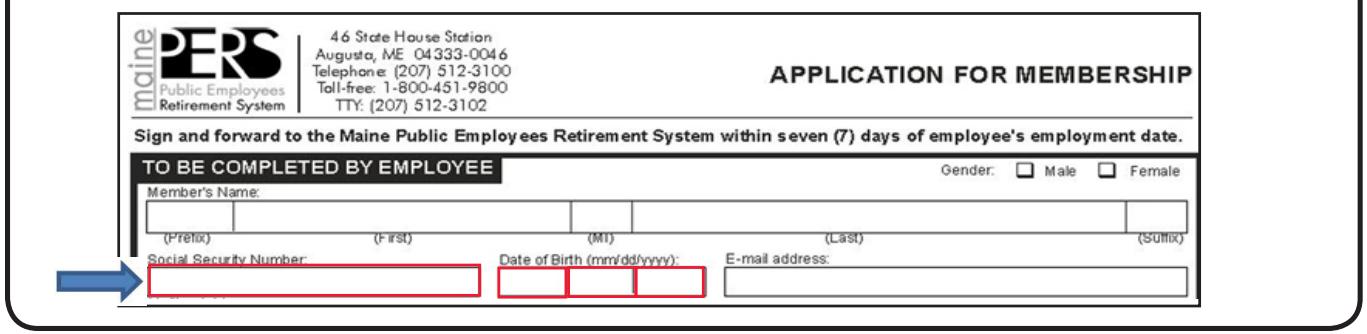
- ✓ Make your password between six to ten characters long.
- ✓ Use at least two alphabetic characters and at least one numeric or special character. Special characters are "@", "#", "\$", or "_" (underscore). Other non-alphanumeric characters are not allowed.
- ✓ Passwords cannot begin with a numeric or special character.
- ✓ Passwords are case sensitive.
- ✓ Do not share your password with other employees or users.



The Preview function on member forms in ESS is only designed to prepopulate a member's demographic (name and address) information for you.

If you wish to use the preview function, enter ONLY the fields that are outlined in **RED**. Once you have entered the "red" fields, go directly to the bottom of the form and choose "preview."

- ✓ If the person's information is already on file with MainePERS, the form will populate the member's name and address. Please verify for accuracy and correct as needed. You can then enter the other required fields and choose submit.
- ✓ If the person's information isn't already on file with MainePERS, you will receive a message indicating this. You should then fill in all required fields on the form, including name and address, and choose submit.



APPLICATION FOR MEMBERSHIP

Sign and forward to the Maine Public Employees Retirement System within seven (7) days of employee's employment date.

TO BE COMPLETED BY EMPLOYEE

Member's Name: _____

Gender: Male Female

(Prefix) (First) (MI) (Last) (Suffix)

Social Security Number: _____ Date of Birth (mm/dd/yyyy): _____ E-mail address: _____